									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOI								08/822548					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OTHER THAN OR SMALL ENTITY			
70	TAL CLÁIMS		**, **:- *					· FATE	FEE] :	RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA .			BASIC FI	≇ 385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	BLE CLAIMS	minus 20=		•			XS 9=		OR	X\$18=		
INC	EPENDENT CI	LAIMS	minus 3 =		•			X43=		OR	X86=		
ML	ILTIPLE DEPEN	EDENT CLAIM P	RESENT					+145=		OR	+290=		
• If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		اتتإ	TOTAL		
CLAIMS AS AMENDED - PART II 7-22-05 (Column 1) (Column 2) (Column 3)								SMALL	. EÄTITY	OR	OTHER		
AMENDMENT A	D	(Column 1) CLAIMS REMAINING AFTER AMENOMENT		HIGH NUMI PREVIO	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 17	Minus	* C	24	= /		XS 9=		OŖ	_X\$18=	. :	
	Independent	• 3	Minus	***	3	= /		X43=		OR	X86=		
<u>۳</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM	L		+145=	· ·	OR	+290=	.*	
								TOTAL	- 6		TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)								WUII. FE		• •			
NT B	E	CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUME PREVIO PAID I	BER XUSLY.	PRESENT EXTRA:		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MENDMENT	Total ·	•	Minus	- 0	24	=	lſ	X\$ 9=.		OR	X\$18=		
	Independent	•	Minus	***	3	=		X43=	·	OR	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
1	mot/2/20/05						L	. TOTAL			TOTAL ADDIT, FEE	·	
	(Column 1) (Column 2) (Column 3)							2 0 00000000000000000000000000000000000					
AMENDMENT C	F	CLAIMS REMAINING AFTER AV ENDMENT		HIGHI NUME PREVIO	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE_/		RATE"	ADDI- TIONAL FEE	
DME	Total	• 17	Minus	- QU		-		X\$ 9=		OR	X\$18=	$\sim 1 \cdot$	
MEN	Independent	• 3	Minus	***	3	. 0		X43,	/\\	OR-	X86= /		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.						-	+145=	1	OR	+290=		
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 								TOTAL DOIT, FEE		200 /1	TOTAL COOT, FEE		
	of the Saliebart Bles	mber Previously Pa ber Previously Pai	M For IN THE	S SPACE L	e loce tha	n 3. enter 3			propri <u>ate</u> ba	in col	umn 1.		
									melti Office, V.		oment of	COLLEGE	